

SWEAT PATCH TESTING LOG

Client Name _____ Client Number _____ Month/Year _____

Complete one form per client per month
complete first five columns upon application, and last four columns upon removal

Application Date	Client Signature	Chain of Custody # (can use extra bar code sticker)	Medications taken	Collector Initials	Removal Date	Client Signature	Collector Initials	Co-Pay Received (collect upon removal)

Comments (please note any unusual occurrences):